

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: A. Maxwell Eliscu

Title: SYSTEM FOR AND METHOD OF
HANDLING REFERRALS FROM
REFERRING PARTIES

Appl. No.: Unknown

Filing Date: Unknown

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.	
EL 714059040US	9/20/2000
(Express Mail Label Number)	(Date of Deposit)
CHRIS ESCAVAILLE	
(Printed Name)	
Chris Escaville	
(Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

The application claims the benefits of U.S. Provisional Application No. 60/230,968, filed 09/07/2000. Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

A. Maxwell Eliscu

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (75 pages).
- ☒ [X] Informal drawings (47 sheets, Figures 1-38).
- ☒ [X] Declaration and Power of Attorney (3 pages).
- ☒ [X] Assignment of the invention to LSQ II, LLC.
- ☒ [X] Assignment Recordation Cover Sheet.
- ☒ [X] Check in the amount of \$40.00 for Assignment recordation.
- ☒ [X] Small Entity statement.
- ☐ [] Information Disclosure Statement.
- ☐ [] Form PTO-1449 with copies of ___ listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$690.00	\$690.00
Total Claims:	67	- 20	= 47	x \$18.00	= \$846.00
Independents:	3	- 3	= 0	x \$78.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$260.00	= \$0.00
				SUBTOTAL:	= \$1536.00
[X]				Small Entity Fees Apply (subtract ½ of above):	= \$768.00
				TOTAL FILING FEE:	= \$768.00

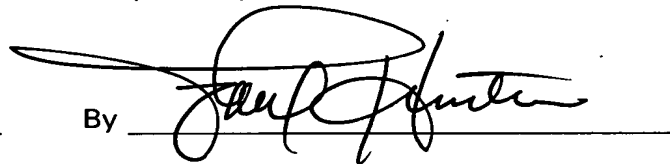
- [X] A check in the amount of \$768.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Sept. 20, 2000

By



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